



TAX RETURN CHECKLIST 2014/2015

GENERAL DETAILS

Client Name: _____
 Address: _____
 Tax File Number: _____ DOB _____ PH No: _____
 Spouse/DeFacto: _____ DOB _____ Tax File No: _____
 Main Occupation: _____
 EMAIL ADDRESS: _____

Please circle **YES** or **NO** for each of the items listed below, and **sign and date** the back page:
 If you have circled **YES**, please provide **relevant documentation and/or information**:

INCOME DETAILS	
Salary or Wages (Payment Summary).....	NO/YES
Paid Parental Leave (PPL).....	NO/YES
Allowances, earnings, tips, director fees	NO/YES
Lump Sum or Eligible Termination P'mts	NO/YES
Centrelink Allowances ie Newstart, Youth Allow	NO/YES
Centrelink Pensions ie aged pension	NO/YES
Other Aust Pensions	NO/YES
Personal Services Income	NO/YES
Interest Income	NO/YES
Dividends (if yes, pls provide statements)	NO/YES
Income from Partnership or Trust	NO/YES
Net Income or Loss from Business	NO/YES
Capital Gains Income	NO/YES
Rental Property Income (pls see worksheet over page) ...	NO/YES
Other Income (please specify)	NO/YES

OTHER WORK RELATED DEDUCTIONS	
Other Expenses	
- Home Office Expenses (inc hrs worked from home)	YES/NO
- Computer and Software Expenses	YES/NO
- Telephone/Mobile Expenses	YES/NO
- Tools and equipment	YES/NO
- Subscriptions and Union Fees	YES/NO
- Journals/Periodicals	YES/NO
- Depreciation	YES/NO
- Expenses in relation to Allowances	YES/NO
- Other work deductions	YES/NO

WORK RELATED DEDUCTIONS	
Work-Related Car Expenses	
- Cents per Kilometre Method (Max 5,000km)	NO/YES
- Log Book Method	NO/YES
- Other Method (1/3 or 12 % Method)	NO/YES
Other work-related travel Expenses	
- Employee domestic travel – reasonable allow	NO/YES
- Employee claiming actual exp's (receipts required)	NO/YES
Work-Related Uniform and Clothing Expenses	
- Protective/Replacement Clothing	NO/YES
- Non Compulsory/Compulsory Uniform	NO/YES
- Laundry (up to \$150 without receipts)	NO/YES
- Other Claims – Mending etc	NO/YES
- Sunscreen/glasses & Hats	NO/YES
Self Education Expenses	
- Course or Seminar Fees	NO/YES
- Student Union Fees	NO/YES
- Travel Costs	NO/YES
- Other (please specify)	NO/YES

OTHER DEDUCTIONS	
Interest & Dividend Deductions	YES/NO
Gifts or Donations	YES/NO
Undeducted Purchase Price of Annuity (UPP)	YES/NO
Cost of Managing Tax Affairs	YES/NO
Superannuation Contributions	YES/NO

OTHER DETAILS	
Private Health Insurance	YES/NO
If, yes name of fund:	policy no.....
Dependant Children:	
Name	DOB..... Student YES/NO
Name	DOB..... Student YES/NO
Name	DOB..... Student YES/NO
Name	DOB..... Student YES/NO

REBATES/TAX OFFSETS	
Are you a Senior Australian (over 65)?.....	YES/NO
Are you a Pensioner?	YES/NO
Did you live in a remote zone in 2014/2015.....	YES/NO
Superannuation pension/ETP annuity	YES/NO
Did you have net Medical Expenses over \$2,218.....	YES/NO
Did you make Super Contributions for Spouse	YES/NO



RENTAL PROPERTY DETAILS

Address of Property :

Ownership of Property:

Purchase Date of Property: ____/____/____

Purchase Price of Property (including Legal Fees/Stamp Duty etc): \$.....

Date started being used for Rental Income: ____/____/____

Number of weeks this year rented? weeks

Was there any private use of the property?

If you have summary rental statements from a Real Estate Agent, please provide statements, and use the spaces below for any ADDITIONAL income or expenses.

INCOME

(Please provide evidence of rents received eg rental commission statements or bank statements)

Rents Received

Other Income

EXPENSES

(Not all expenses listed below will be applicable. Please provide details on applicable expenses only. Receipts and/or documentation must be kept)

Bank Charges	Interest on Loans
Advertising	Cleaning
Garden	Insurance
Agent Fees	Pest Control
Postage	Printing/Stationery
Rates & Water	Repairs & Maint
Furniture & Fittings	Travel Exps
Body Corp Fees	Other Rental Expenses
Additional Information	

OTHER INFORMATION

If you **SOLD** the property throughout **2014/2015** please provide **sale of property documents**.

DATE SOLD ____/____/____ **PRICE SOLD \$** _____

If you purchased the property throughout 2014/2015 please provide a list & cost of all internal fixtures and fittings as listed below:

Oven	Stove	Microwave	Clothes Dryer
Fans	Light Fittings	Hot Water System	Air Conditioning
Carpet	Curtains/Blinds	Washing Machine	Lounge/Tables/Beds etc

I confirm that the details that I have provided to McGrath & Associates – Quality Accountants are true and correct.

Date/...../.....

.....
Signature of taxpayer

.....
Name (PRINT)

